State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type (Form designed for use on elife (12-pitch typewriter).

## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

4	UNIFOR HAZARDOUS Generator's US EF	52 983 Do	Manifest cument No.	2. Page 1 of	:	ation in the shaded areas required by Federal law.		
	3 Generator's Name and Maiking Address PARA PLATE				A State Manifest Document Number 88345451			
	15910 SHOEMAKER AVE., CERRITOS, CA. 90703			B. State Generator's ID				
200	4 Generator's Phone (213 404-3434							
	5 Transporter 1 Company Name 6. US EPA ID Number OMEGA RECOVERY SERVICES   CAD 042 245 100			D. Transporter's Phone 310/698-0993				
	7 Transporter 2 Company Name 8. US EPA ID Number				E. State Transporter's ID			
CARRIED TO THE PARTY OF THE PAR	9 Designated Facility Name and Site Address 10. US EPA ID Number			F. Transporter's Phose  G. State Facility's ID				
	OMEGA RECOVERY SERVICES			CIAID 041212141CTO OUT				
	12504 E. WHITTIER BLVD.   WHITTIER, CA. 90602				H. Facility's Phone			
	WHITTIER, CA. 90602 CAD 042 245 001 12 Conta			213/698-0991 ainers 13. Total 14.				
	11. US DOT Description (Including Proper Shipping Name, Hazard C	Class, and ID Number)	No.		Quantity	Unit Waste No. Wt/Vol		
G	WASTE ORM-A N.O.S., NA 1693					State 211,212		
E	(Perchloroethylene, N-Butyl Al	cohol)	alil	DM CO	295	6 FOOL, FOO3		
	ь.					State		
A T O				, ,		EPA/Other		
	). 		1-1-1-		L_L_L_	State		
,						EPA/Other		
-	<b>1</b> . :				<u> </u>	State		
						EPA/Other		
	J. Additional Descriptions for Materials Listed Above		111	K Handling (	Odes for V	Wastes Listed Above		
R 1	aMaterial for recycle							
	•			6.	1	<b>d.</b>		
ar i	15. Special Handling Instructions and Additional Information							
	Profile#B10016							
	*Emergency#213/404-3434							
	16.							
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and an extractional convergent resolutions.							
	national government regulations.  If I am a large quantity generator, I certify that I have a program	in place to reduce the volum	ne and toxicit	y of waste gene	rated to th	ne degree I have determined		
	to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
	rinted / Typed Name	Signature	Can allow.			Month Day Ye		
<b>&gt;</b>	Frank E. Hernandez	Frenk	8. Als	0.4	2	1112169		
٦ <u>ا</u>	Frank E. Hernandez 7 Transporter 1 Acknowledgement of Receipt of Materials		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/				
ų į	I)AVIER HERNANDEZ	Signature (Ls.		Heve	. 🉏	Month Day Ye		
	8 Transporter 2 Acknowledgement of Receipt of Materials	7	~~	14 - Contract		, 191.210		
, 1	rinted Typed Name	Signature			11	Month Day Ye		
	9 Discrepancy Indication Space			Ministration Control of the Control	<u> </u>			
:	a placepainty indication opace	•						
A C								
1	20. Facility Owner or Operator Certification of receipt of hezardous materials covered by this manifest except as noted in item 19.							
r L	Facility Owner or Operator Certification of receipt of hezardous rinted Typed Name	Signature	***************************************		-	Month Day Ye		
Y [ ]	inned pagarenie			4/13				

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete Do Not Write Below This Line

White TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS